# SPECIALTY GUIDELINE MANAGEMENT

# Abecma (idecabtagene vicleucel)

### **POLICY**

### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

## **FDA-Approved Indications**

Abecma is indicated for the treatment of adult patients with relapsed or refractory multiple myeloma after four or more prior lines of therapy including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 monoclonal antibody.

All other indications are considered experimental/investigational and not medically necessary.

#### II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review: Chart notes, medical record documentation or claims history supporting previous lines of therapy

## III. CRITERIA FOR INITIAL APPROVAL

### **Multiple Myeloma**

Authorization of 3 months may be granted for treatment of relapsed or refractory multiple myeloma in members 18 years of age and older when all of the following are met:

- A. The member has received prior treatment with at least four prior lines of therapy, including at least one drug from each of the following categories:
  - 1. Immunomodulatory agent
  - 2. Proteasome inhibitor
  - 3. Anti-CD38 monoclonal antibody
- B. The member has not received a previous treatment course of the requested medication or another B-cell maturation antigen (BCMA)-directed chimeric antigen receptor (CAR) T-cell therapy.

#### IV. REFERENCES

1. Abecma [package insert]. Summit, NJ: Celgene Corporation; March 2021.

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